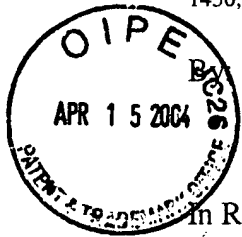


I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.



*Louise Drain*

Date: *April 5, 2004*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**RECEIVED**

APR 20 2004

In Re Patent Application of:  
Hirohiko Nakazato

Conf. No.: 2106

Group Art Unit:

2624

Technology Center 2600

Appln. No.: 09/527,516

Examiner:

Douglas Q. Tran

Filing Date: March 16, 2000

Attorney Docket No.:

9976-8US (OB0019US)

Title: PRINTING SYSTEM

**AMENDMENT TRANSMITTAL LETTER**

Transmitted herewith is an Amendment in the above-identified application.

☐ Substitute Specification.

☐ Small Entity status:

☐ has previously been claimed/established.

☐ is hereby claimed under 37 C.F.R. §1.27, as ☐ an Independent Inventor, or ☐ a Small Business Concern, or ☐ a Non-Profit Organization.

The additional claim fees have been calculated as follows:

|  |   |     |                                       |                  | SMALL ENTITY |            | LARGE ENTITY |               |
|--|---|-----|---------------------------------------|------------------|--------------|------------|--------------|---------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |     | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDIT. FEE | RATE         | ADDIT.<br>FEE |
| TOTAL  | 13  | (-) | or 20                                 | 0                | x9           |            | x18          | 0             |
| INDEP.   | 5   | (-) | or 3                                  | 2                | x43          |            | x86          | 172           |
| <input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS |   |     |                                       |                  | +\$145       |            | +\$290       |               |
|  |   |     |                                       |                  | <b>TOTAL</b> |            | <b>TOTAL</b> | <b>172</b>    |

The additional claim fees are being paid by:

☒ A check in the amount of **\$172.00**.

☒ Authorization to charge and/or credit Deposit Account No. 50-1017 (Billing No. **209976.0008**) as noted below. A duplicate copy of this sheet is enclosed.

☒ Any overpayments or deficiencies in the above-calculated fee.

☐ Additional claim fee in the amount of \$\_\_\_\_.00 as calculated above.

☒ Any additional fees required under 37 C.F.R. § 1.16 and/or § 1.17.

☒ In the event that a Petition for Extension of Time is required, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account.

**CORRESPONDENCE ADDRESS**

April 5, 2004  
(Date)

By:

Clark Jablon

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